P33/48-01 M21-17543mfsw

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

12 Submitted with Initial Filing	[] Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)
Attorney Docket No.: 37504	Application Number:
First Named Inventor: Manabu Kayamori	Filing Date:
	Group Art Unit:
•	Examiner Name:
As a below named inventor, I hereby decla	re that:
My residence, post office address, and citizenship are	e as stated below next to my name.
I believe I am the original, first and sole inventor original, first and joint inventor (if plural names are is claimed and for which a patent is sought on the inventor).	listed below) of the subject matter which
PORTABLE TEL	EPHONE
the specification of which (check only one item below	v)
[] is attached hereto,	
OR	
[×] was filed on (MM/DD/YYYY) <u>01/20/2004</u> PCT International Application Number <u>PCT</u> (MM/DD/YYYY) (if applicable)	/JP2004/000410 and was amended on
I hereby state that I have reviewed and understand the specification, including the claims, as amended by any above.	
Lacknowledge the duty to disclose information which	h is material to patentability as defined in

37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d), or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

	1 3		
Priority Country	Prior Foreign Application Numbers(s)	Foreign Filing Date (MM/DD/YYYY)	Priority <u>Claimed ?</u>
Japan	P. 2003-015086	01/23/2003	Yes
	laim the benefit under 35 U.Ss) listed below.	.C. 119(e) of any U	nited States provisional
	ovisional Filing Da on Number(s) (MM/DD/YY		
I hereby claim the benefit under 35 U.S.C. 120, of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.			
U:S. Parent	Application for PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
As a named inventor, I hereby appoint practitioners at Customer No. 000116 as my attorneys, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:			
Address all	correspondence to Customer Num	ber 000,116.	•
Please direct	t all correspondence and inquiries	to	at (216) 579-1700.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

	$l^{\mathcal{O}}$
(1)	Inventor Name (sole or joint): Manabu KAYAMORI
	Signature: Manabu Kayamori
	Date: January 12, 2005
	Citizenship: Japan JPX
	Residence (City, State, Country): Sagamihara-shi, Kanagawa, Japan
	Post Office Address: 206, Rose-mansyon, 1-10-12, Kyowa, Sagamihara-shi,
	Kanagawa 229-0034 Japan
(2)	Inventor Name (sole or joint):
	Signature:
	Date:
	Citizenship:
	Residence (City, State, Country):
	Post Office Address:
(3)	Inventor Name (sole or joint):
•	Signature:
	Date:
	Citizenship:
	Residence (City, State, Country):
	Post Office Address: